

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09783792</b>	FILING DATE <b>02-15-01</b>	
							APPLICANT(S)		
<b>8/23/04      4/11/05 CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1								
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TOTAL IND.	6		5		2				
TOTAL DEP.	19		6		2				
TOTAL CLAIMS	25		11		4				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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